

DEPARTMENT OF EMPLOYEE TRUST FUNDS
INCOME CONTINUATION INSURANCE ADMINISTRATION MANUAL-STATE

CHAPTER 9 — CLAIMANT CHANGE IN WORK STATUS

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900 Change in Work Status

Employers are responsible for notifying ETF of a claimant's change in work status by completing the *Income Continuation Insurance Report of Employment and Earnings* (ET-5901). Delays in submitting the *ICI Report of Employment and Earnings* may cause an overpayment in Income Continuation Insurance (ICI) benefits that must be repaid.

- A. ICI monthly benefit payments may be adjusted or terminated when one of the following occurs:
 - Claimant returns to full-time employment.
 - Claimant returns to part-time employment.
 - Claimant will not be returning to work.
 - Claimant's death.
 - Earnings for vacation, holiday pay, comp time, etc., are paid after the claimant's elimination period. The monthly ICI benefit will also be offset 100% of the value of any sick leave earned during periods of employment.
 - Worker's compensation benefits, temporary disability benefits or back wages from compromise agreement/settlements are paid.
- B. Resumption of part-time employment increasing to full-time employment within the same reporting period requires that employers report the:
 - Start date of part-time employment,
 - Amount of part-time earnings, and
 - Start date of full-time employment.

Special Instructions for Part-Time Employment and Worker's Compensation Temporary Benefits

An *ICI Report of Employment and Earnings* must be completed and submitted to ETF after each payroll period during which an ICI claimant performed any part-time work. (Refer to subchapter 901.) Worker's Compensation temporary benefits are reported based on the period covered, not the Worker's Compensation check date.

901 Completing the *Income Continuation Insurance Report of Employment and Earnings* (ET-5901)

Follow these instructions to complete the *ICI Report of Employment and Earnings*:

1. Enter the employee's name, social security number and date of birth, as well as the employer name and seven-digit employer identification number, in the designated spaces at the top of the report.
2. Check the box corresponding to the employee's change in work status and enter the effective date of change.
3. For employees returning to part-time employment, perform the following:
 - a. Attach a copy of the physician's release to return to work.
 - b. Enter the date through which part-time work is expected to continue.
 - c. Enter percent of part-time work expressed as a percentage of full-time employment in the space provided.
 - d. Complete the table on the form at the end of each payroll period for the duration of the part-time employment. Complete:

Section A of the form to report earnings paid for part-time employment. If the claimant uses vacation, holiday or comp. time while working part-time, report the earnings separately on the form. The ICI benefit is offset by 75% of the earnings paid for "Present At Work", vacation, holiday or comp. time.

Section B to report Earned Sick Leave. ICI benefits are offset 100% of the applicable sick leave.

Section C to report earnings for vacation, holiday or comp. Time paid to the ICI claimant after the elimination period but prior to returning to part-time or full-time employment. The ICI benefit is reduced by 100% of these earnings.

Section D to report Sick Leave Used for an ICI claimant who has returned to part-time employment and due to their medical condition is required to be out of work and use sick leave. Submit any physician's statement that takes the employee out of work.

4. Date, sign and list your telephone number.
5. Send ETF a copy of the *ICI Report of Employment and Earnings* (and any attachments) using one of the following methods:
 - Fax to ETF at (608) 267-0633.
 - Mail to ETF, P.O. Box 7931, Madison WI 53707-7931.
 - E-mail ETF at ETFWEB@etf.state.wi.gov.
6. Direct questions regarding claims and benefit eligibility to the third party administrator. (Refer to subchapter 104.)

902 Income Continuation Insurance Report of Employment and Earnings (ET-5901)

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

**INCOME CONTINUATION INSURANCE REPORT
OF EMPLOYMENT AND EARNINGS**

Wis. Stat. § 40.61

	Social Security Number
Employee Name (Last, First, Middle, Maiden)	Birthdate (MM/DD/CCYY)
Employer Name	Employer Number

MM/DD/CCYY

- ☐ Returned to full-time employment
- ☐ Will not be returning to work effective
(State reason for not returning in Comments section below)
- ☐ Death Date of death
- ☐ Returned to part-time employment

Part-time work will continue until (attach a copy of the release to return to work)

Part-time work expressed as a percentage of full-time employment

%

Check Date:

		HOURS	GROSS EARNINGS	Claims Administrator USE ONLY:	
Section A	Present At Work		\$		
	Vacation Paid		\$		
	Holiday(s) Paid		\$		
	TOTAL		\$	X 75% =	\$
Section B	Earned Sick Leave (State Employees Only)		\$	X 100% =	\$
	Paid Sick Leave (Local Employees Only)		\$	X 100% =	\$
Section C	Paid vacation, holiday or comp. time after the elimination period but prior to returning to work (State and Local Employees)		\$	X 100% =	\$
Section D	Sick Leave Used (State Employees Only)			TOTAL ICI OFFSET	\$

Comments:

Worker's Compensation:

Date (MM/DD/CCYY)	Signature of Employer Representative	Telephone Number ()
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Refer to instructions on the attached sheet.